

WELL CHILD EXAM SCHEDULE



AGE	PHYSICAL EXAM	LABS / PROCEDURES	IMMUNIZATIONS	SCREENINGS
Birth	Yes	Bilirubin	Hepatitis B	None
3-4 Days	Yes	Bilirubin	None	Postnatal Depression Screen
2 Weeks	Yes	Newborn State Screen ⁵	None	Postnatal Depression Screen
2 Months	Yes	None	Pentacel (DTaP+IPV+HiB), Prevnar 13, Hepatitis B, Rotateq	Developmental Screen, Postnatal Depression Screen
4 Months	Yes	None	Pentacel (DTaP+IPV+HiB), Prevnar 13, Rotateq	Developmental Screen, Postnatal Depression Screen
6 Months	Yes	Spot Vision	Pentacel (DTaP+IPV+HiB), Prevnar 13, Rotateq	Developmental Screen, Postnatal Depression Screen, Dental Varnish ⁴
9 Months	Yes	Spot Vision, Hemoglobin, Lead Screen	Hepatitis B	Developmental Screen
12 Months	Yes	Spot Vision	Proquad (MMR+Varicella), HiB	Developmental Screen, Dental Varnish ⁴
15 Months	Yes	Spot Vision	Prevnar 13, Hepatitis A	Developmental Screen
18 Months	Yes	Spot Vision	DTaP	Developmental Screen, Autism Screen, Dental Varnish ⁴
2 Years	Yes	Spot Vision, Hemoglobin, Lead Screen	Hepatitis A	Developmental Screen, Autism Screen, Dental Varnish ⁴
3 Years	Yes	Spot Vision	None	Developmental Screen, Dental Varnish ⁴
4 Years	Yes	Spot Vision	Proquad (MMR+Varicella), IPV, DTaP	Developmental Screen, Dental Varnish ⁴
5 Years	Yes	Lipid Panel (5yr), Spot Vision, Scoliosis, Hearing Screen	None	Developmental Screen, Dental Varnish ⁴
6-10 Years	Yes	Lipid Panel (10yr), Spot Vision, Scoliosis, Hearing Screen	None	Depression Screen
11 Years	Yes	Spot Vision, Scoliosis, Hearing Screen	Adacel (Tdap), Menactra, Gardasil ¹	Depression Screen
12-15 Years	Yes	Lipid Panel (15yr), Spot Vision, Scoliosis, Hearing Screen	None	Depression Screen
16 Years	Yes	Spot Vision, Scoliosis, Hearing Screen	Menactra	Depression Screen
17-18 Years	Yes	Spot Vision, Scoliosis, Hearing Screen	None	Depression Screen

¹ **Gardasil vaccine** is administered in a series of 3 vaccines. Second dose is 2 months after the 1st dose. Third dose is 6 months after the first dose. If series is started prior to age 15, then 2 doses are administered 6 months apart. Vaccine is approved for females and males age 11 to 45.

² **Asthma patients** are administered a pulmonary function test, asthma screen, update asthma action plan and medication refill every 6 months.

³ **Influenza vaccine:** two vaccinations after 6 months of age, separated by 1 month. Then flu vaccines are administered annually. Two flu vaccines only given the first year a child receives an influenza vaccination through 8 years of age.

⁴ **Dental varnish** is recommended by the American Academy of Pediatrics after first tooth eruption, then every 6 months. We provide this service until age 5 or until your child sees a dentist.

⁵ **Newborn metabolic state screen** is repeated at the hospital of birth or Children's Medical Center 7601 Preston Rd, Plano, TX 75024 outpatient lab.

⁶ **Important immunization requirements:** The 1 year, 4 year and 11 year well child visits **CANNOT** be completed prior to that birthday due to immunization requirements. The first set of immunizations cannot be administered prior to 6 weeks of age.